

Exploration Work Group

From the Lens of Implementation:
Evaluation of Evidence-Based
Interventions Recommended to PCSC
August 2016

Exploration Work Group Membership

- Angela Flowers (SCDJJ)
- John Connery (YAP)
- Dr. Tricia Motes (IFS at UofSC, MPR Div.)
- Erin Laughter (SCDHHS)
- Lisa Kirchner (FamilyCorps)
- Dr. Margaret Meriwether (SCDHHS)
- Phil Redmond (The Duke Endowment)
- Staffing: Dr. Cheri Shapiro & Joan Amado, SC Center of Excellence in Evidence-Based Intervention

Scope of EWG Efforts

- Examine intervention models included in a report "Evidence-Based Interventions for Youth with Behavioral Health and Substance Use Problems" prepared by the SC Center of Excellence in Evidence-Based Interventions (April 2016)
 - Report not exhaustive; NREPP inclusion was required
- Evidence-based interventions are only a part of what families may need
 - Report and EWG did not examine peer-to-peer, advocacy, or family support models

Implementation Lens

- Program selection is a complex undertaking
 - Even for evidence-based interventions, need to evaluate programs in domains relevant for implementation
- NIRN Hexagon Tool as starting framework (http://implementation.fpg.unc.edu/resources/hexagon-tool-exploring-context)
- Examined: Need, Fit, Capacity, Resource Availability

Meeting Needs

 How well does the intervention meet the needs of the intended population?



Fit

 How well does the intervention fit with current initiatives, structures, supports, and parent/community values?



Resources

 What resources are available for training, staffing, technology supports, data systems, and administration?



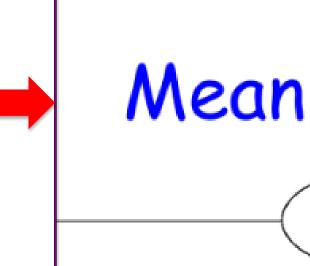
Current Capacity

 What current capacity do we have in the state to implement the intervention as intended?



How did we do this?

- Considered all interventions in the report to the PCSC
 - Evidence-Based Intensive Family Interventions
 - Evidence-Based Family Interventions
 - Evidence-based Parenting and Youth Interventions
- Examined each domain of implementation
- Summarized results



Median

MEASURES OF CENTRAL TENDENCY

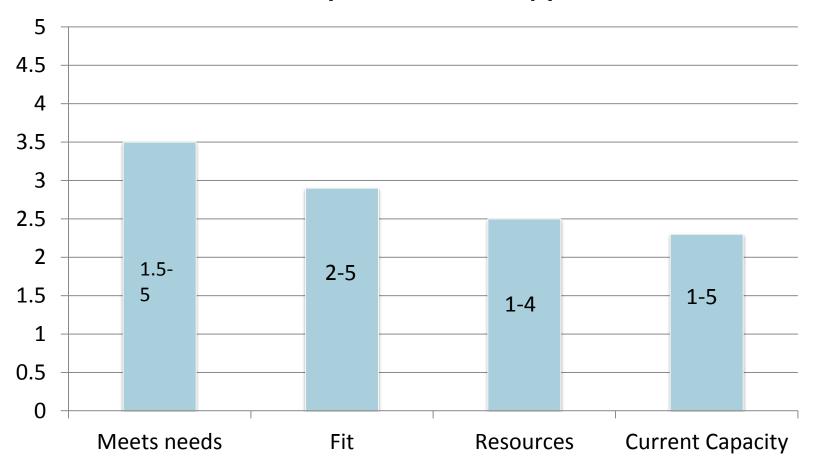
Mode

Range

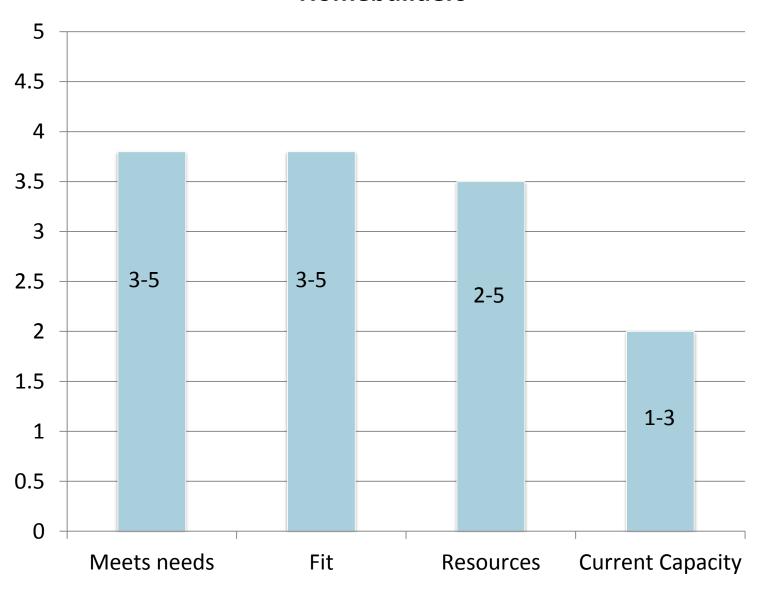
Evidence-Based Intensive Family Interventions

- Family Centered Therapy
- Homebuilders
- Multisystemic Therapy for Juvenile Offenders
- Multisystemic Therapy Psychiatric

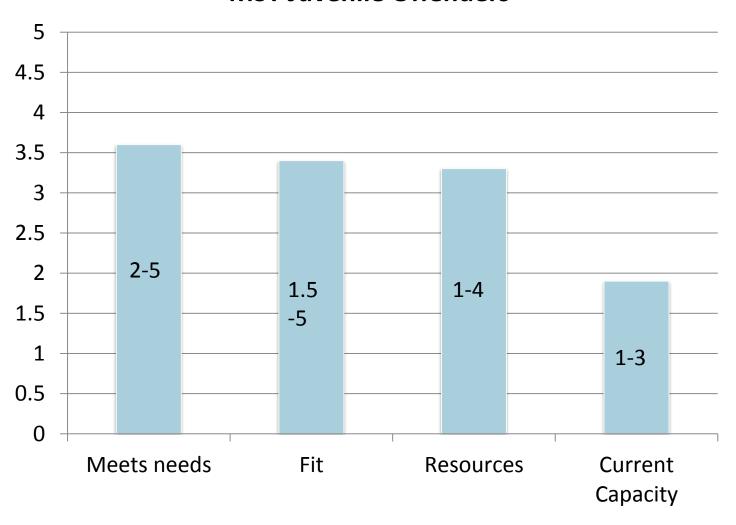
Family Centered Therapy



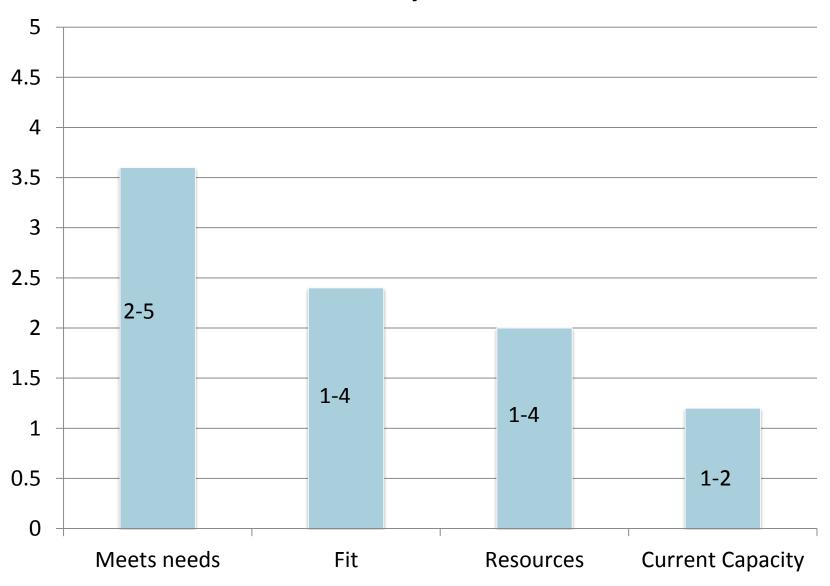
Homebuilders



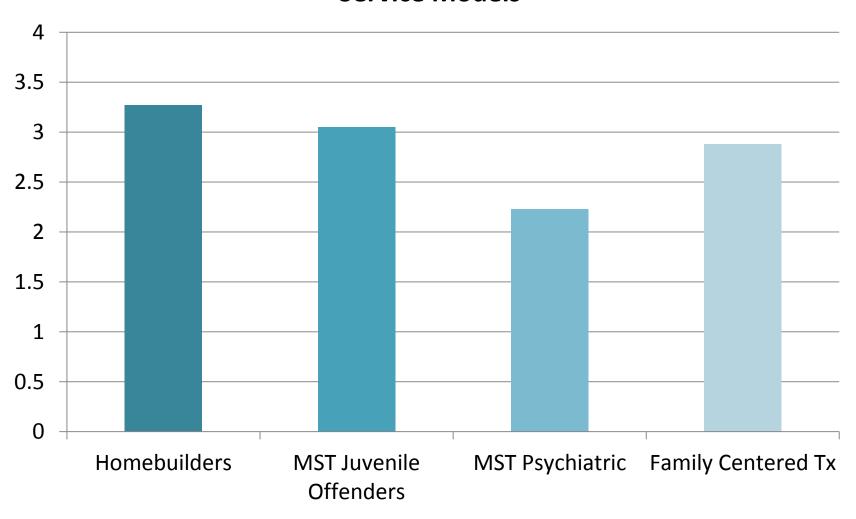
MST Juvenile Offenders



MST Psychiatric



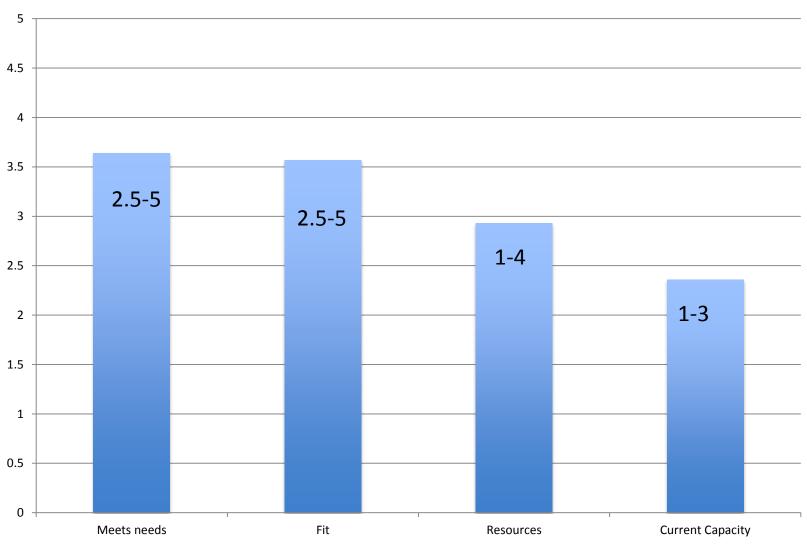
Average Implementation Ratings: Intensive Family Service Models



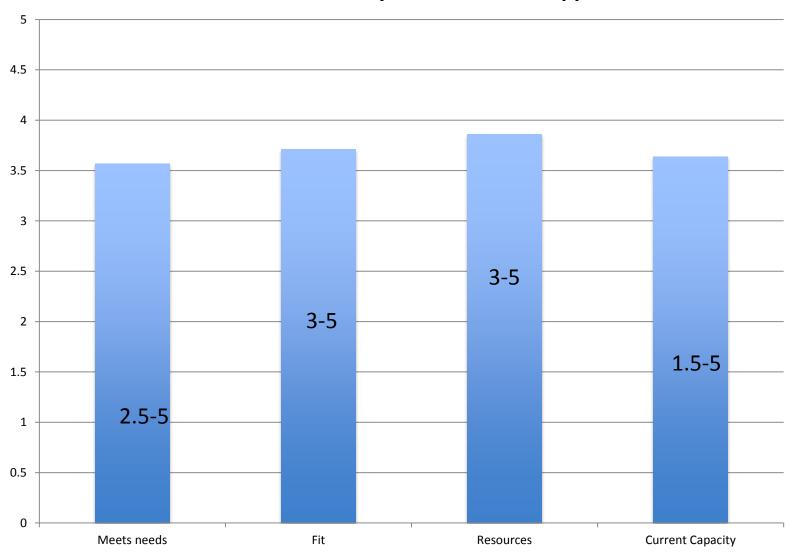
Evidence-Based Family Interventions

- Multidimensional Family Therapy
- Adolescent Community Reinforcement Approach
- Brief Strategic Family Therapy
- Family Behavior Therapy
- Functional Family Therapy
- Attachment Based Family Therapy

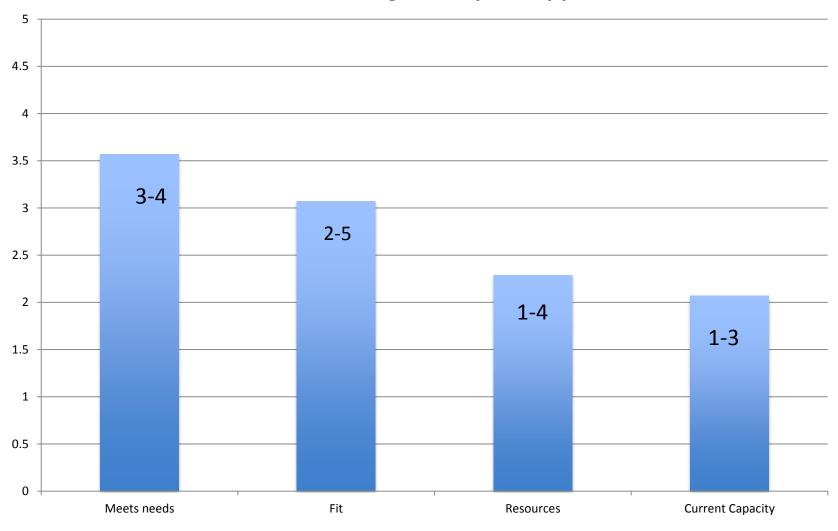
Multidimensional Family Therapy



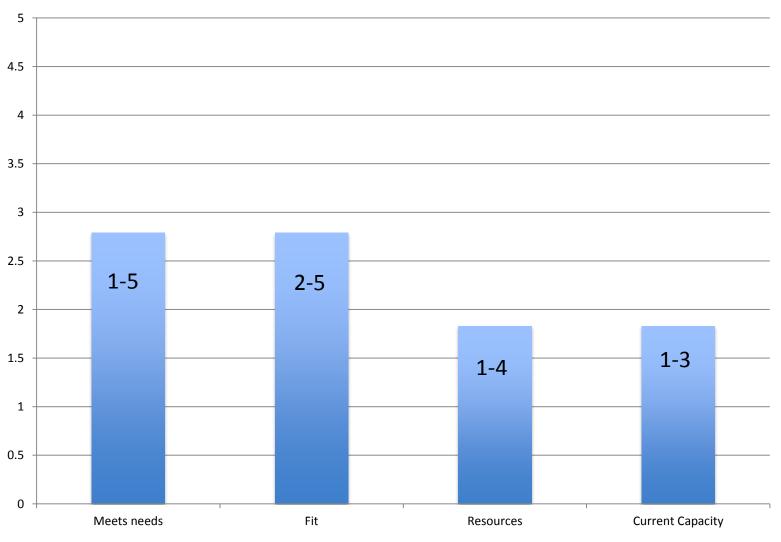
Adolescent Community Reinforcement Approach



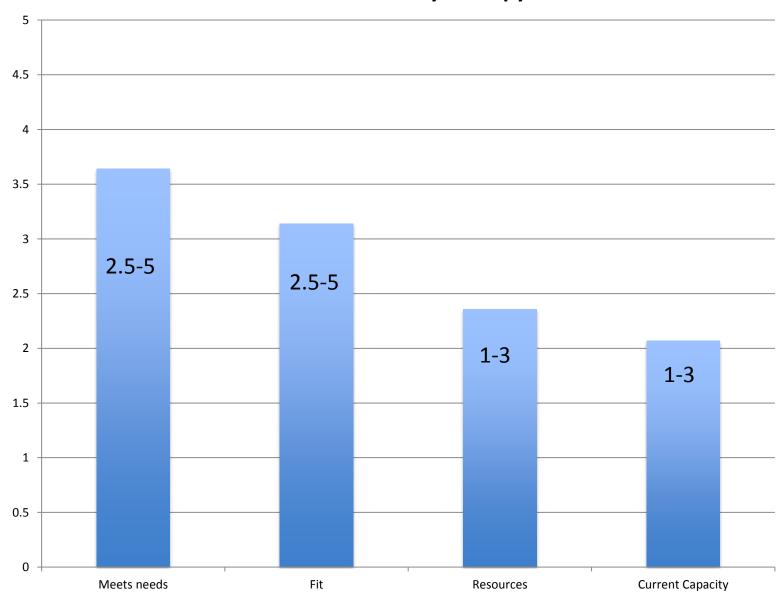
Brief Strategic Family Therapy



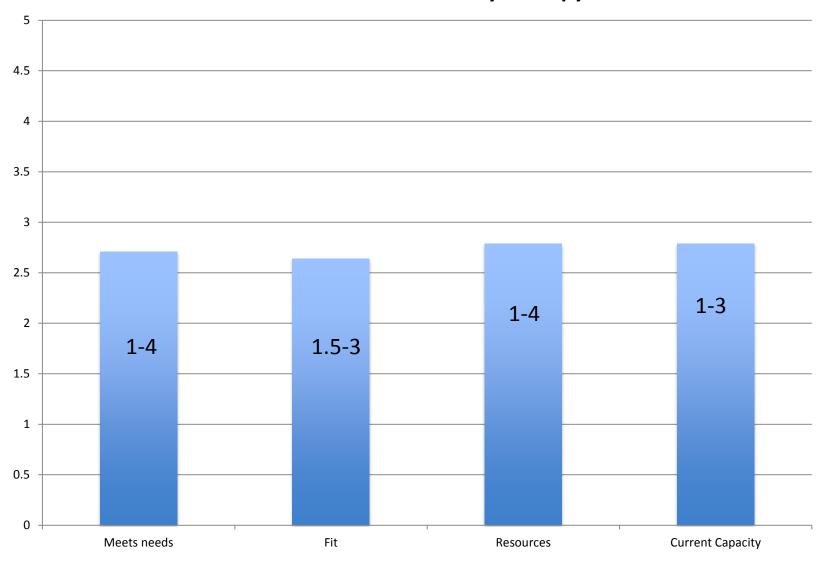
Family Behavior Therapy



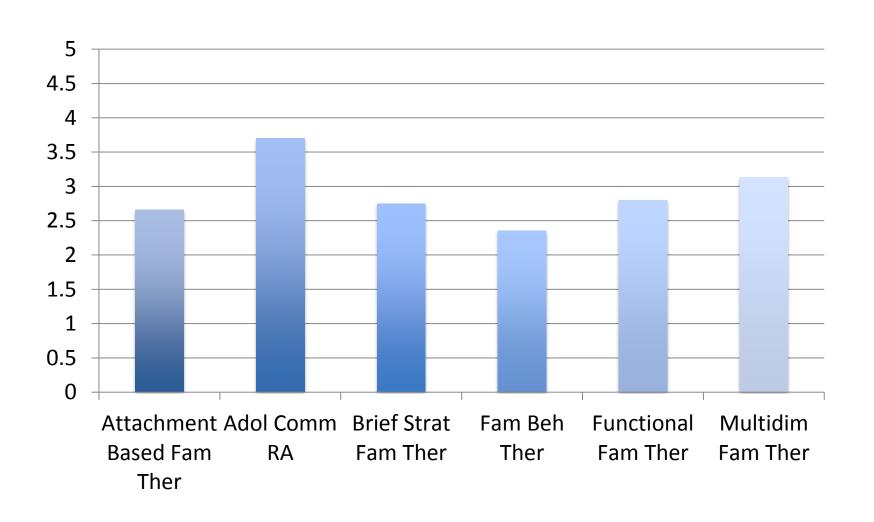
Functional Family Therapy



Attachment Based Family Therapy



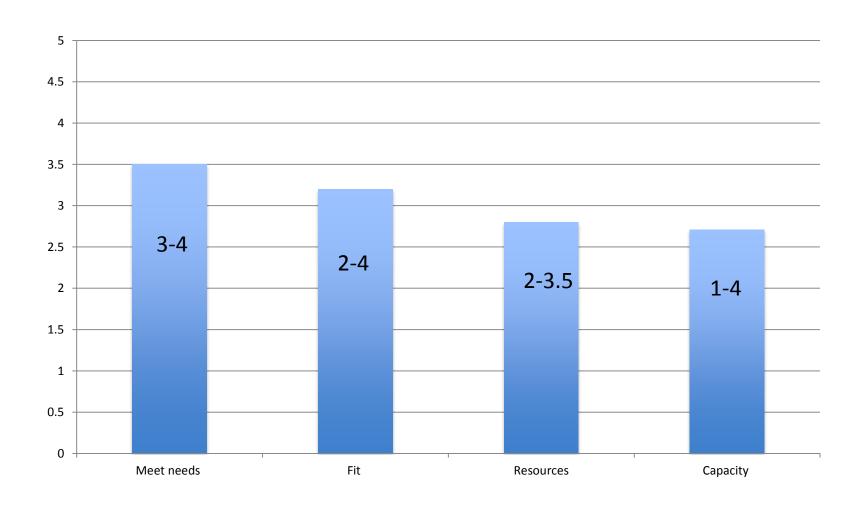
Average Implementation Ratings: Family Intervention Models



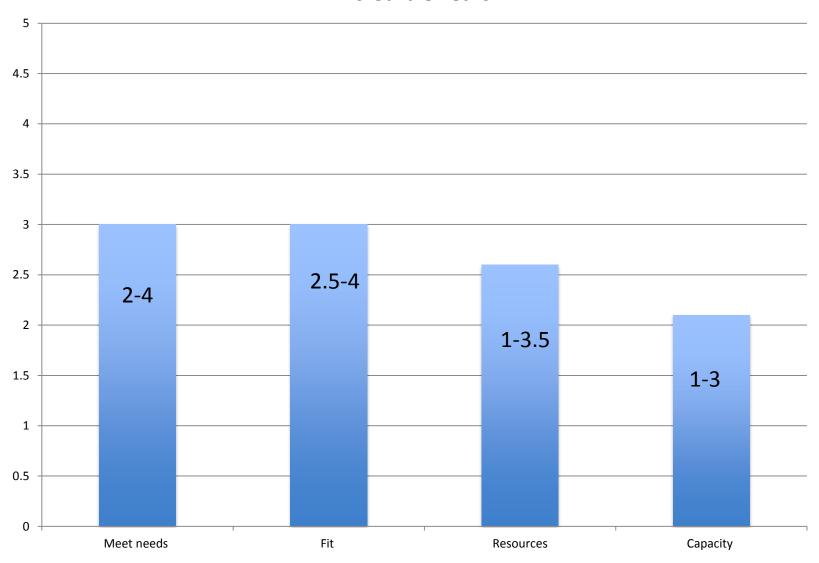
Evidence-Based Parenting and Youth Interventions

- Combined Parent-Child CBT
- Incredible Years
- Triple P Positive Parenting Program (Level 4)
- Parent Child Interaction Therapy
- Strengthening Families 4R 2S
- Trauma Focused CBT

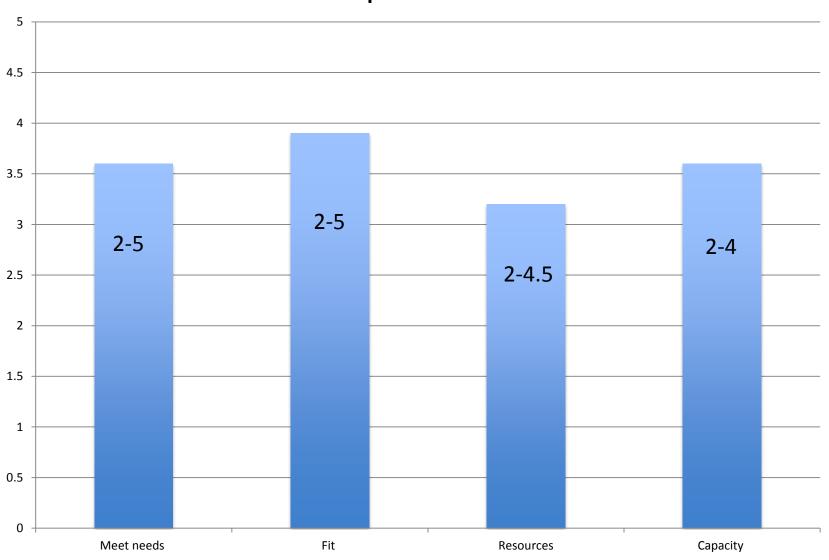
Combined Parent-Child CBT



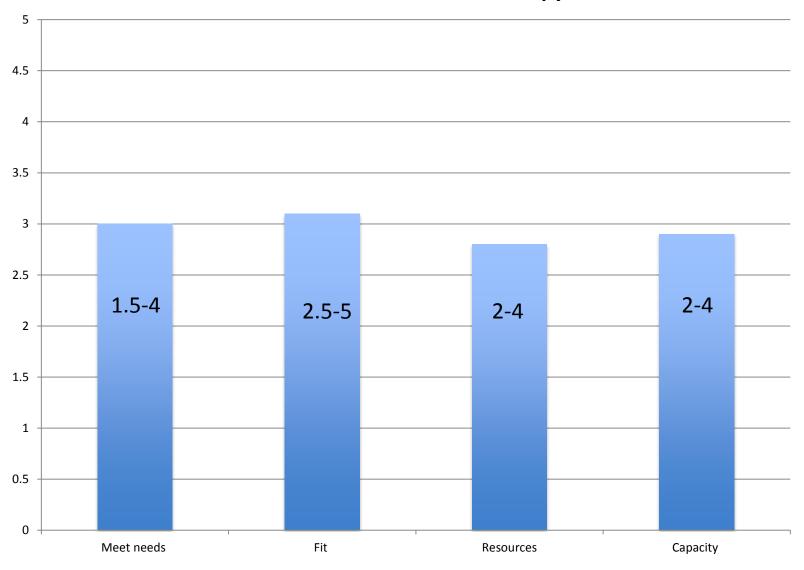
Incredible Years



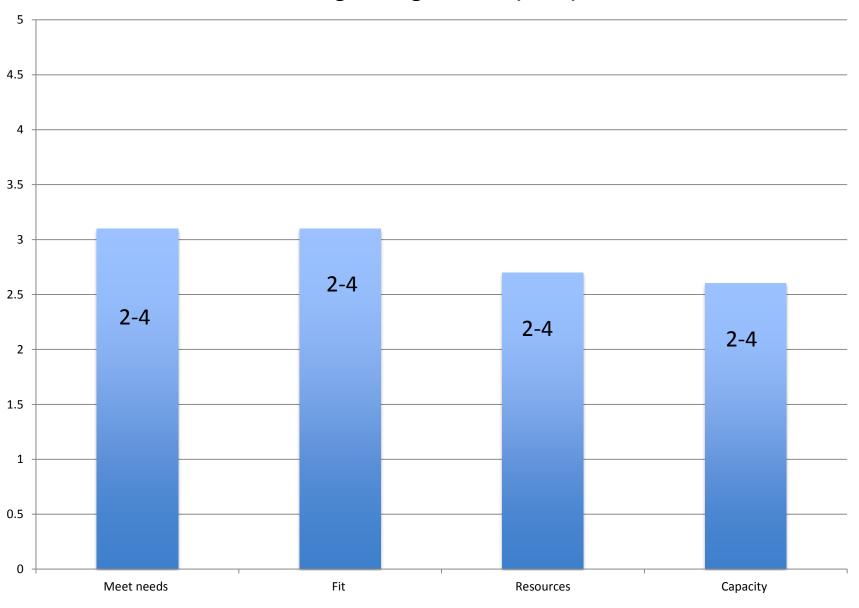
Triple P Level 4



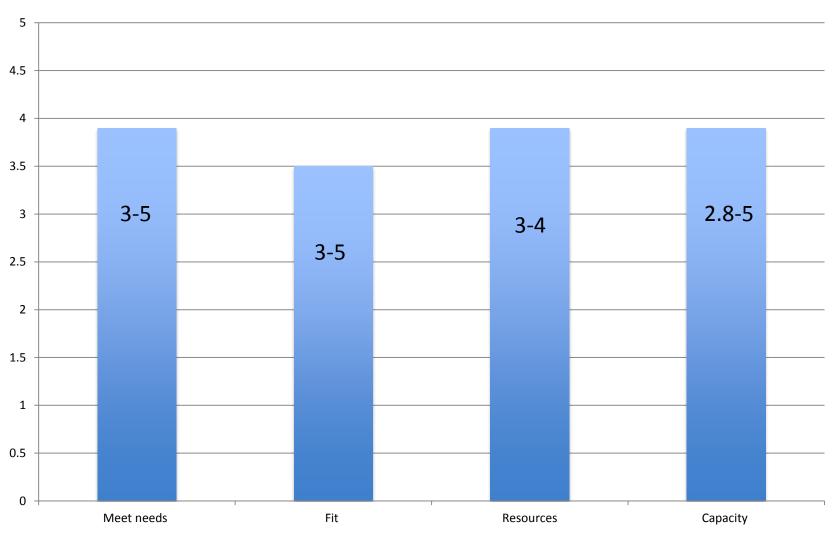
Parent Child Interaction Therapy



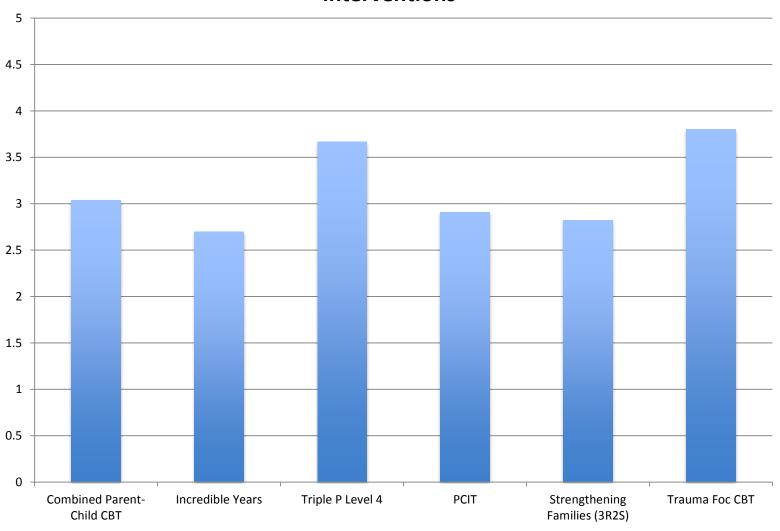
Strengthening Families (3R2S)



Trauma Focused CBT



Average Implementation Ratings: Parenting and Youth Interventions



Common Themes Across Program Models

- Capacity to implement interventions was typically the lowest rated area for all program models
 - Workforce considerations
- Resources available for implementation also an area of concern

Highest Rated Programs

- Intensive Models
 - Homebuilders (new)
 - MST Juvenile Offenders (expand)
- Family Intervention Models
 - ACRA (expand/support)
 - Multidimensional Family Therapy (new)
- Parenting and Youth Interventions
 - Trauma Focused CBT (expand/support)
 - Triple P (Level 4) (expand/support)

EWG Program Ratings

 Most, but not all, are consistent with the report to the PCSC completed by the Center of Excellence

Thank you to the EWG Members!

What Next?

Role of the SC Center of Excellence

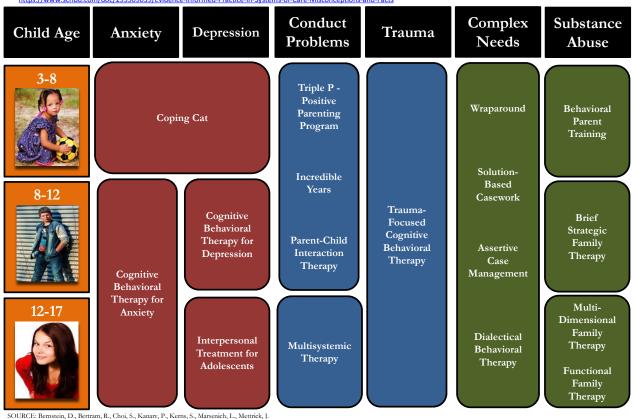
- Continue to explore program models and implementation capacity
 - Provider survey under development
- Support 1-2 specific program models within each category
 - Intensive Family Services
 - Family Based Interventions
 - Parent and Youth Directed Programs
- Level of support necessary will vary based on program model



Example Array of Evidence-Based Interventions

Example suite of EBPs to address a range of mental health needs across childhood development

This table presents an example of how multiple EBPs can be leveraged across several service providers to meet a range of mental health needs for children and youth. While a system of care such as this could potentially meet the needs of the majority of families in a community, the extent to which there is community capacity to implement these programs should be carefully assessed. Please refer to "Evidence-Informed Practice in Systems of Care: Misconceptions and Facts" for further information: https://www.scribd.com/doc/295509039/Evidence-Informed-Practice-in-Systems-of-Care-Misconceptions-and-Facts



Discussion

And



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Disclosure

Cheri Shapiro, PhD, is a Consultant for Triple P America.